

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. APPLICANT	FILING DATE						
	CLAIMS					10/1759,177							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	IND	IND	IND	DEP		
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1						51							
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13						63							
14	1					64							
15		2				65							
16		1				66							
17		1				67							
18		1				68							
19		1				69							
20		1				70							
21		1				71							
22		1				72							
23		1				73							
24		1				74							
25	1	1	1	1		75							
26		1	1	1		76							
27		1	1	1		77							
28		1	1	1		78							
29		1	1	1		79							
30		1	1	1		80							
31		1	1	1		81							
32		1	1	1		82							
33		1	1	1		83							
34		1	1	1		84							
35		1	1	1		85							
36		1	1	1		86							
37		1	1	1		87							
38		1	1	1		88							
39		1	1	1		89							
40		1	1	1		90							
41		1	1	1		91							
42		1	1	1		92							
43		1	1	1		93							
44		1	1	1		94							
45		1	1	1		95							
46		1	1	1		96							
47		1	1	1		97							
48		1	1	1		98							
49		1	1	1		99							
50		1	1	1		100							
TOTAL IND.		1	1	1		TOTAL IND.							
TOTAL DEP.	9	1	11	11		TOTAL DEP.							
TOTAL CLAIMS	73	12	12	12		TOTAL CLAIMS							